

# Risk Management and Claims

## Web form Guide

01012016



## Table of Contents

Overview .....	2
Location of the Web Form .....	2
Information to be entered in the Web Form .....	2
Web Intake Incident Form: Loss prevention- Near Miss .....	3
Web Intake Incident Form: Loss prevention- Indoor Air Quality (IAQ):.....	4
Web Intake Incident Form: Loss prevention- Ergonomics:.....	5
Web Intake Incident Form: Worker’s Compensation .....	6
Web Intake Incident Form: General Liability.....	8
Address and the location where Event Occurred section.....	9
Submission section .....	9

## Overview

City of Minneapolis employees must report Health and Safety issues to supervisors. This web form is a tool to support this communication. The Web Intake Incident form can be used by all employees to submit incidents, concerns and “near misses” to help to prevent incidents and accidents in our work place.

After employees complete and submit the web form, an incident report event number will be given. Employees are advised to keep a record of this event number. When a web form is submitted to the Risk Management office, an event record is created in the City database. Event reports received via the web will be reviewed by a Risk Management staff who will determine whether or not there is sufficient information to evaluate the report. If needed, the Risk management staff will contact the employee to gather additional information.

## Location of the Web Form

The Incident web form can be accessed through the following link:

[https://rm-cityofminn.csc-fsg.com/City%20of%20Minneapolis/\(S\(iohve23ftlgachliqmksqwjj\)\)/Report.aspx](https://rm-cityofminn.csc-fsg.com/City%20of%20Minneapolis/(S(iohve23ftlgachliqmksqwjj))/Report.aspx)

### **Please note:**

- This link will be active effective Jan 1, 2016
- Once you start the form you must complete it at that time.
- All underlined fields are required.

## Information to be entered in the Web Form

City employees need to provide details of the incident in the web form. Some of the information requested on the above web form is private and confidential. The data collected will assist the City in filing claims, targeting areas for increased efficiencies, and remedying unsafe work conditions. If you have any questions regarding this web form please contact your supervisor.

The web form is separated into three main categories of fields. Please use the drop down menu to select your options.

1. General Liability,
2. Loss prevention (Near misses, Internal Air quality, and ergonomics) and
3. Worker's compensation.

## Web Intake Incident Form: Loss prevention- Near Miss

A near miss is an unplanned event that did not result in injury, illness, or damage. Employees are encouraged to identify the opportunities to improve safety, health, environment challenges and security issues based on a condition or an incident with potential for more serious consequence. Please see the screen below on how to select the “near miss” from the options. Select Loss prevention first and see the description for other options.

### Examples:

- ✓ Any task/action that could have caused injury to an employee
- ✓ Any task/ action that could have caused property damage
- ✓ Any task/action that have caused damage to the environment
- ✓ Any task/action that could have interrupt department/ field operation.

**Event Details**

What type of Event do you want to Report? LP Loss Prevention(near miss,air)

What Type of Loss Prevention Event do you want to Report? NM Near Miss

Do you want to Report this Anonymously?

Type of Near Miss Condition

Date of Event (mm/dd/yyyy)

Time of Event (hh:mm AM/PM)

Department

Event Division

Location Where Event Occurred

Please describe the Near Miss event using specific details (who, what, when, where). Note: All such events are reviewed by the Safety Committees

Were There Any Unsafe Tools, Vehicles, Machines, Objects, Substances, or Process/Practices Involved in the Event?

Witness(es)

**Near Miss**

Please Enter any Additional Information about the Near Miss, Including any Contact Information that you may have of those involved.

What Subsequent Remedial Measures Should be Taken to Prevent a Recurrence of this Type of Event?

Have You Informed Your Supervisor?

Should Risk Management Follow-Up with Administrative Staff?

**Table 1: Loss Prevention Options**

	Description	Code
Select	General Liability (Claims against the city)	GL
Select	Loss Prevention(near miss,air quality,ergonomics)	LP
Select	Workers Comp	WC

**Table 2: Near Miss Options**

	Description	Code
Select	Ergonomic Issue	EI
Select	Indoor Air Quality Issue	IAQ
Select	Near Miss	NM

The event/incident address should be documented in this section of the form. This section should detail the actual location of the incident. Example – Almost slipped and fell while carrying the files to the City Hall from my office. This happened at the entrance of my office door. Please call me at 612-673-3000.

**Submit**

Before clicking the submit button please review the information for accuracy and be sure that all relevant fields are completed. After clicking the submit button, the employee/ customer will be given an event report confirmation number upon

## Web Intake Incident Form: Loss prevention- Indoor Air Quality (IAQ):

Poor Indoor Air quality (IAQ) could contribute to non-healthy indoor environment. Following are the common issues that a City employee can help to identify and resolve.

- ✓ Excessive dust buildup doesn't matter how often you clean.
- ✓ Musty odor in your work area/office building.
- ✓ Elevated humidity levels.
- ✓ Headache, nausea and throat irritation while in the work area/ office.
- ✓ Water leak/damage and possible mold growth.

Please see the screen below on how to select the "IAQ Issue" from the options. Select Loss prevention first and see the description for other options.

### Event Details

What type of Event do you want to Report? LP Loss Prevention(near miss,ai

What Type of Loss Prevention Event do you want to Report? IAQ Indoor Air Quality Issue

Employee Add Delete

Date of Event (mm/dd/yyyy)

Time of Event (hh:mm AM/PM)

Department

Event Division

Location Where Event Occurred

Please describe your concerns for Indoor Air Quality Issue

Were There Any Unsafe Tools, Vehicles, Machines, Objects, Substances, or Process/Practices Involved in the Event?

Witness(es) Add Delete Edit

	Description	Code
Select	Ergonomic Issue	EI
Select	Indoor Air Quality Issue	IAQ
Select	Near Miss	NM

Close

The event/incident address should be documented in this section of the form. This section should detail the actual location of the incident. Example - City Hall room # 31, records management section.

Please enter the details of the incident/concern here. Include a description of the incident, who were the individuals involved (employees, witnesses if any etc.). Please be very specific and descriptive as possible.

Example: Musty odor in my office. I think it is coming from the vents.

### Air Quality

Please Enter any Additional Information about the Indoor Air Quality Issue, Including any Contact Information that you may have of those involved.

Have You Informed Your Supervisor?

[For follow-up, select this Indoor Air Quality form link. \(Only available via the city's intranet\)](#)

Submit

Before clicking the submit button please review the information for accuracy and be sure that all relevant fields are completed. After clicking the submit button, the employee/ customer will be given an event report confirmation number upon successful completion.

## Web Intake Incident Form: Loss prevention- Ergonomics:

Ergonomics is the study of the relationship between employees, their activities, their equipment, and their environment. We need your help in identifying the risk factors in your daily work/job. Risk factors are elements or components of your job that increase the probability of injury if the exposure is not controlled or corrected. Please take time to report any of the following challenges we may have in our work site/office.

- ✓ **Posture:** Awkward & Static – anything out of “neutral” especially if sustained (> 1-hour) is potentially problematic. Prolonged sitting or standing without opportunity to break or change position is a potential exposure.
- ✓ **Force:** Weights lifted/carried or forces applied to push/pull x frequency and/or duration of the activity can contribute to injury, especially if there is insufficient time to recover from those exertions.
- ✓ **Repetition:** Exertions per minute + duration of activity without sufficient time to recover from those exertions might contribute to musculoskeletal strain.
- ✓ **Lack of Recovery Time:** Opportunities to break from static postures, rest from forceful exertions, or repetitive activities is essential to injury prevention. Changing position, movement, and gentle stretching increase blood flow to soft tissues, improve concentration, restore energy, and enhance productivity.
- ✓ **Symptoms:** Please report soreness, swelling, skin discoloration, numbness, tingling, burning, and radiating pain, decreased strength, decreased movement, muscle strain/sprain, nerve irritation/compression, tendon inflammation, Joint discomfort/inflammation. Usually the affected areas are neck, back, upper extremities, lower extremities, and eyes

Please see the screen below on how to select the “Ergonomic Issue” from the options. Select Loss prevention first and see the description for other options.

**Event Details**

What type of Event do you want to Report? LP Loss Prevention(near miss,air)

What Type of Loss Prevention Event do you want to Report? EI Ergonomic Issue

Employee

Date of Event (mm/dd/yyyy)

Time of Event (hh:mm AM/PM)

Department

Event Division

Location Where Event Occurred

Please describe your concerns for Ergonomic Assessment Issue

Were There Any Unsafe Tools, Vehicles, Machines, Objects, Substances, or Process/Practices Involved in the Event?

Witness(es)

**Ergonomics**

Please Enter any Additional Information about the Ergonomic Assessment Issue, Including any Contact Information that you may have of those involved

Have You Informed Your Supervisor?

For follow-up, select this Ergonomic Assessment form link. (Only available via the city's intranet)

	Description	Code
Select	Ergonomic Issue	EI
Select	Indoor Air Quality Issue	IAQ
Select	Near Miss	NM

Example: 1. I am a new employee and will need an ergo assessment.

Example: 2. I have severe neck pain when typing

Example: 3. I moved my office last week and my new


Submit


Before clicking the submit button please review the information for accuracy and be sure that all relevant fields are completed. After clicking the submit button, the employee/ customer will be given an event report confirmation number upon successful completion.


## Web Intake Incident Form: Worker's Compensation


Please see the screen below on how to select the "WC- Workers Comp" from the options. Select the type of event from description screen.


### Event Details

What type of Event do you want to Report? WC Workers Comp 

Date of Event (mm/dd/yyyy) 


Time of Event (hh:mm AM/PM) 

Department 




Event Division 


Location Where Event Occurred

Describe CURRENT Event in Detail (including activities/details of how Event occurred)

Were There Any Unsafe Tools, Vehicles, Machines, Objects, Substances, or Process/Practices Involved in the Event? 

Witness(es)

	Description	Code
Select	General Liability (Claims against the city)	GL
Select	Loss Prevention(near miss,air quality,ergonomics)	LP
Select	Workers Comp	WC
		

Please provide the accurate place with details. Example: Hennepin Ave. S. & 5th St. if the incident is in your office please provide your office address.

Examples: 1. I was trying to break pipe free from grout and felt pain in left lower back and leg.

2. I slipped and fell from the back of my truck and strained my back.

3. I was carrying office files/ concrete cement bags and felt pain on my left side of my stomach (Abdominal strain by lifting).

4. I was trying to pull a file from the overhead bin in my office and sprained my right shoulder.



## Workers Compensation Event

Is this a FEDERAL disaster response with a Mutual Aid Partner?

Employee Involved

Add

Delete

Edit

The Employee Data is Correct?

Does anything impact your regular pay rate?

Does the Employee have other employment (outside the city)?

Are You Reporting a Potential Safety Hazard or Equipment Malfunction?

Is this a Recurrence of a Prior Injury?

Is this a Motor Vehicle Event?

Was there Property Damage?

Was an Injury Involved?

Was Event Caused by a Non-City Employee?

What Corrective Actions Would You Take to Prevent This in the Future?

Date Supervisor Notified (mm/dd/yyyy)

Lost Time From Work?

If you are not the injured employee, please enter your name and relationship to the Employee Involved. (e.g. John Doe - Supervisor)

This Report will be used for Workers' Compensation Claim Administration, HR, Risk Mgmt. and for medical monitoring. A completed copy of a First Report of Injury may be provided to your Bargaining Unit. This information is required by MN Statute 181.80. Failure to complete this report fully may cause a delay in payment of benefits or denial of benefits for this injury. Other Entities authorized by State of Federal Law to receive this data include the MN Department of Labor and Industry, Workers' Compensation Division. Please indicate your acknowledgement by selecting 'Yes'.

Submit

This Report will be used for Workers' Compensation Claim Administration, Human Resources, Risk management, and for medical monitoring. A completed copy of a First Report of Injury may be provided to your Bargaining Unit. This information is required by MN Statute 181.80. Failure to complete this report fully may cause a delay in payment of benefits or denial of benefits for this injury. Other Entities authorized by State of Federal Law to receive this data include the MN Department of Labor and Industry, Workers' Compensation Division. Please indicate your acknowledgement by selecting 'Yes'. Before clicking the submit button please review the information for accuracy and be sure that all relevant fields are completed. After clicking the submit button, the employee/ customer will be given an event report confirmation number upon successful completion.

## Web Intake Incident Form: General Liability

### Event Details

What type of Event do you want to Report? GL General Liability (Claims aga

Are you a City of Minneapolis Employee?

Type of Damage Claimed

Date of Event (mm/dd/yyyy)

Time of Event (hh:mm AM/PM)

Event Department OTH OTH-Other/Unknown

Location of Incident (Be specific, Give street address, intersection, direction travelling, side of street, number of feet, direction from curb, etc.)

Describe CURRENT Event in Detail (including activities/details of how Event occurred)

Witness(es)

Add Delete Edit

Description	
Select	General Liability (Claims against the city)
Select	Loss Prevention(near miss,air quality,ergonomics)
Select	Workers Comp

Close

Following are the options.

Description		
Select	Bodily Injury	BI
Select	Other	Oth
Select	Property	Prop
Select	Towing	Tow
Select	Vehicle	Veh

### Claims Against the City (General Liability)

Is this a FEDERAL disaster response with a Mutual Aid Partner?

Dollar Value you are Seeking.

Was There a Police Report Filed, a City Department, or 311 Called?

Please Provide your Insurance Information, including Policy Number, Policy Holder, and Agent Contact Information

By submitting this form, you are stating that all of the information provided is true and correct to the best of your knowledge. Minnesota State Statute 60A.955 states "A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

Pursuant to Minnesota State Statute 466.05, persons making a claim for damages from either a municipality or the State must present such claim within 180 days after the alleged loss or injury is discovered, stating the time, place and circumstances thereof, and the amount of compensation or other relief demanded.

Submit

Before clicking the submit button please review the information for accuracy and be sure that all relevant fields are completed. After clicking the submit button, the employee/ customer will be given an event report confirmation number upon successful completion.

### General Liability:

- The claim must be filed within 180 days of the occurrence.
- Your claims must be based on the fault or liability of the City or its employees.
- Email copies of bills, estimates, pictures or other documents to [riskmanagement@minneapolismn.gov](mailto:riskmanagement@minneapolismn.gov).
- Your claim will be investigated by Risk Management & Claims Division
- For further information, call 612- 673-2969

## Address and the location where Event Occurred section

The event/incident address should be documented in this section of the form. This section should detail the actual location of the incident. The event/incident, how it happened should be documented in the "Location Where Event Occurred" section of the form. There are two areas to enter information about the incident. The first is the location where event occurred field and the second field is labelled as "Please describe your concerns".

### **Details are important:**

When completing this section please describe details identifying who, what, when, where and how. Please be very specific and descriptive as possible.

### **Emergency situation:**

If the incident required emergency services (medical, law enforcement, fire) indicate which party was contacted.

## Submission section

The last section of the form requires the employee to confirm that the information he/she provides in the form is accurate and that they agree to be contacted for information about the report if it is incomplete or unclear. The employee then has the option to "submit" or "cancel" the report.

On clicking the Submit button, the employee is taken to a page which displays the event report confirmation number with a message "Event successfully reported".

### **Sample submission report:**

Event successfully reported. Event number is EV2015045166.

Thank you for submitting this Event. If you have additional information to convey, please respond using one of the approaches outlined below.

To respond by email, send the documentation to [riskmanagement@minneapolismn.gov](mailto:riskmanagement@minneapolismn.gov).

To respond by fax: (612) 673-2775

To call with questions or concerns: (612) 673-2969

Please reference the above Event Number in any email, phone call or fax.

For mail, use the following address:

City of Minneapolis, ATTN: Risk Management and Claims  
330 Second Ave South #550, Minneapolis, MN 55401-2213.

Please use the 'Print PDF' button at the bottom of the page to print a copy of the submitted data.

## KEY POINTS TO REMEMBER

- The form cannot be changed at this time; if you have suggestions or comments please share them for future updates
- Web Form replaces the Supervisor's Report of Injury
- All underlined fields are required
- Distribution of documentation:
  - Work Comp Claims
    - Adjuster
    - Safety Liaison
    - Supervisor (listed in HRIS)
      - Supervisor will get e-mail with attached injury Report – when they open the report all fields will be grayed out and the bottom Supervisor Section is what they need to complete.
      - Needs to be completed as soon as possible
  - Ergonomic/Indoor Air Quality/Near Miss Requests
    - Safety Liaison
    - Loss Control Coordinator

When entering a claim:

### Event Details

Department: The top of the list is #'s only, scroll down to the bottom for department names and correlating codes and select that.

Witnesses: Only list If there were witnesses

### **Workers Compensation Event:**

Federal Disaster: required - No/Yes

Employee Involved: You can search by employee ID #, or last name, first name. Do NOT USE EDIT

Employee Data Correct: Just verifying the Division/Dept displayed above was correct.

Does anything impact your regular pay rate: Shift Diff, On-Call pay, Ride out of Grade, etc....

Reporting Department: You HAVE to hit the spy glass – automatically populates City of Minneapolis

Lost Time from Work? If yes

Date Employee Left Work: Fill in

Date Employee Returned to Work: You may not know at the time of filing the injury report – NOT required

